

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA 460 FORM	
Date Stamp	Page <u>1</u> of <u>5</u>
For Official Use Only	
Statement covers period <u>from</u> <u>07/01/2021</u>	Date of election if applicable: (Month, Day, Year) <u>11/05/2024</u>
through <u>12/31/2021</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
- State Candidate Election Committee Controlled
- Recall Sponsored
- (Also Complete Part 5) Amendment (Explain below)
- General Purpose Committee Primarily Formed Candidate/
Officeholder Committee
- Sponsored Small Contributor Committee
- Political Party/Central Committee (Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2024

STREET ADDRESS (NO P.O. BOX)
124 W. Main Street, Suite D

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria CA 93458 805-619-0566

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

- Prelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER

Oscar Alejandro Escobedo

MAILING ADDRESS

124 W. Main Street, Suite D

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria CA 93458 805-619-0566

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/12/2022 Date 01/12/2022

Executed on Date

Executed on Date

Executed on Date

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA 460
FORM

Page 2 _____ of 5 _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
Carlos Escobedo			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
City Council Member: City of Santa Maria District 1			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE	ZIP	
Santa Maria	CA	93458	
1010 W. Alvin Ave.			

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE ADDRESS					
CITY					
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, IF ANY. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
Identify the controlling officeholder, candidate, or state measure proponent, if any.		

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2024

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions Schedule A, Line 3 \$ 0.00
2. Loans Received Schedule B, Line 3 \$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3 \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 0.00

Expenditures Made

Column B
CALENDAR YEAR
TOTAL TO DATE

6. Payments Made..... Schedule E, Line 4 \$ 880.88
7. Loans Made..... Schedule H, Line 3 \$ 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 880.88
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 880.88

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 5,024.97
13. Cash Receipts Column A, Line 3 above \$ 0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 0.00
15. Cash Payments Column A, Line 8 above \$ 880.88
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,144.09

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>	Page <u>3</u> of <u>5</u>
		I.D. NUMBER <u>1424210</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

	Date of Election (mm/dd/yy)	Total to Date
		\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2021</u>		through <u>12/31/2021</u>		Page <u>4</u> of <u>5</u>																																					
NAME OF FILER		I.D. NUMBER																																							
<p>Schedule B – Part 1 Loans Received</p> <p>SEE INSTRUCTIONS ON REVERSE</p> <p>Amounts may be rounded to whole dollars.</p> <p>CALIFORNIA 460 FORM</p> <p>Carlos Escobedo for Santa Maria City Council District 1 2024</p> <table border="1"> <thead> <tr> <th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th> <th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th> <th>(a) OUTSTANDING BALANCE BEGGING THIS PERIOD</th> <th>(b) AMOUNT RECEIVED THIS PERIOD</th> <th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*</th> <th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th> </tr> </thead> <tbody> <tr> <td>Carlos Escobedo 1010 W. Alvin Avenue Santa Maria, CA 93458</td> <td>Outreach Specialist Allan Hancock College</td> <td>\$ 2,000.00</td> <td>\$ 0.00</td> <td><input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00</td> <td>\$ 2,000.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td align="right">SUBTOTALS</td> <td align="right">\$ 0.00</td> <td align="right">\$ 0.00</td> <td align="right">\$ 0.00</td> <td align="right">\$ 2,000.00</td> <td align="right">\$ 0.00</td> </tr> </tbody> </table> <p>(Enter (e) on Schedule E, Line 3)</p> <p>Schedule B Summary</p> <ol style="list-style-type: none"> 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. <p style="text-align: right;">NET \$ <u>0.00</u></p>						FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGGING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	Carlos Escobedo 1010 W. Alvin Avenue Santa Maria, CA 93458	Outreach Specialist Allan Hancock College	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,000.00	\$ 0.00
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<p><small>*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee</small></p>																																									

Schedule B Summary

1. Loans received this period
 (Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
 (Total Column (c) plus loans under \$100 paid or forgiven.
 (Include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (**Subtract** Line 2 from Line 1.)
 Enter the net here and on the Summary Page, Column A, Line 2.

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Contributor Codes	Description
IND – Individual	
COM – Recipient Committee (other than PTY or SCC)	
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

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FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
(NAME OF FILER)

Carlos Escobedo for Santa Maria City Council District 1 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

Statement covers period from <u>07/01/2021</u>	through <u>12/31/2021</u>	Page <u>5</u> of <u>5</u>
I.D. NUMBER		
CALIFORNIA 460 FORM		
1424210		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook, Inc 1 Hacker Way Menlo Park, CA 94025	Potential Bank Fraud Under Investigation	880.88

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 880.88
2. Unitemized payments made this period of under \$100.....\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....**TOTAL \$ 880.88**